

Receipt # _____

☐ Cash ☐ Check ☐ Charge

☐ \$242 (100%) ☐ \$267 (NR)

20_____ VOLLEYBALL LEAGUE REGISTRATION FORM

Team Name: _____ Sponsor: _____

Team Manager: _____ Home Phone: _____

Address: _____ City: _____ Zip: _____

Email: _____ Alternate Phone: _____

If paying by credit card (Visa/MasterCard):

Credit Card Number (only if card is not present) _____ Exp. Date: _____

Cardholders' Signature: _____

Team Status	Winter	Summer	Fall
<input type="checkbox"/> New Team	<input type="checkbox"/> Women's 6-player	<input type="checkbox"/> Coed	<input type="checkbox"/> Reverse Coed
<input type="checkbox"/> Returning Team		<input type="checkbox"/> 4-Man	<input type="checkbox"/> 4-Woman
Team Name _____			

TEAM EVALUATION

Please rate your team to assist in team placement.

Competitive attitude: RECREATIONAL COMPETITIVE VERY COMPETITIVE

Overall Team Rating: A B C D E F

The Sports Office will attempt to accommodate play request; however, there is no guarantee requests will be honored.

Special Requests: _____

Team Manager's Signature: _____ Date: _____

NOTE: Registration will be taken on a first come basis. No spots are reserved for returning teams

REGISTRATION CHECKLIST

☐ Registration Form ☐ Team Roster ☐ Hold Harmless ☐ League Fees ☐ Player Verification